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PTO/SB/43 (09-08)

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## DISCLAIMER IN PATENT UNDER 37 CFR 1.321(a)

Name of Patentee <u>Robert Froom</u>	Docket Number (Optional)
Patent Number <u>6949077</u>	Date Patent Issued <u>09/27/05</u>

Title of Invention

AntiSpasticity Device

I hereby disclaim the following complete claims in the above identified patent: \_\_\_\_\_

claims 1 through and including 73The extent of my interest in said patent is (if assignee of record, state liber and page, or reel and frame, where assignment is recorded): owner of 100% interest

The fee for this disclaimer is set forth in 37 CFR 1.20(d).

- ☒ Patentee claims small entity status. See 37 CFR 1.27.
- ☐ Small entity status has already been established in this case, and is still proper.
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
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**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**Signed at 404 Butler Dr., State of N.C., this 15<sup>th</sup> day of July, 2009.Robert K. Froom

Signature

Robert K. Froom

Typed or printed name of patentee/ attorney or agent of record

Registration Number, if applicable

919-341-4059

Telephone Number

404 Butler Dr. Garner NC, 27529

Address

City, State, Zip Code or Foreign Country as applicable

This collection of information is required by 37 CFR 1.321. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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404 Butler Dr.  
Garner, NC 27529

July 15, 2009

Dear Sir or Madam:

I need to update Disclaimer in Patent Under 37 CFR 1.321(a). The fee was paid for the previous submission of this form. Thank you,

Sincerely,

Robert Keith Froom  
Patent Owner  
Patent # 6949077

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DISCLAIMER IN PATENT UNDER 37 CFR 1.321(a)

Name of Patentee <b>Robert Froom</b>	Docket Number (Optional)
Patent Number <b>6949077</b>	Date Patent Issued <b>9/27/2005</b>

Title of Invention

**Antispasmodic Device**

I hereby disclaim the following complete claims in the above identified patent: **6949077**

The extent of my interest in said patent is (if assignee of record, state liber and page, or reel and frame, where assignment is recorded):

The fee for this disclaimer is set forth in 37 CFR 1.20(d).

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Signed at **404 Butler Dr.**, State of **N.C.**, this **10<sup>th</sup>** day of **Nov.**, 20**08**.

**Robert K. Froom**

Signature

**Robert K. Froom**

Typed or printed name of patentee/ attorney or agent of record

Registration Number, if applicable

**919 341 4059**

Telephone Number

**404 Butler Dr. Garner, N.C. 27529**

Address

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